



Moving Permit Application

Office use only

Permit no.

Estimated date when move will be complete

Date

Moving contractor

Name	License no.		
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Address	City	State	Zip
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Contact person	Phone	Cell phone
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Property owner

Name

Address	City	State	Zip
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Contact person	Phone	Cell phone
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Proposed location

Address	City	State	Zip
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Present location

Address	City	State	Zip
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Type of structure

Check only one Dwelling Garage Other

Move details

Out of Bloomington Within Bloomington Into Bloomington

Date	Time
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Description of move route, dimensions and weight, method of movement and equipment to be used.

City approvals**Utilities Division approval**

*Printed name**Signature**Date***Traffic Engineering approval**

*Printed name**Signature**Date***Police Department approval**

*Printed name**Signature**Date***Please read and sign**

I hereby apply for a moving permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the requirements of the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

*Applicant's printed name**Applicant's signature**Date***Do not write below this line**

Inspector no. _____

Conditions of issuance _____

_____Is a premoving inspection required? Yes NoIs a premoving inspection completed? Yes No

Permit approved by _____ Date _____

Reference no. _____